Redwood Credit Union

# ADDRESS CHANGE REQUEST

In order to change the address on your account(s) we require that you complete the information below.
**For the security of your account, your signature is required to fulfill change of address requests.**

**INSTRUCTIONS:**

1. Complete the information requested below
2. Sign and Date
3. Fax or return this form to Redwood Credit Union

   Redwood Credit Union
   P.O. BOX 6104
   Santa Rosa, CA 95406-6104
   Fax to 707-544-4965

## ACCOUNT INFORMATION

Member Name: _____

Member Number(s)*: _____

_____

_____

*Please list any accounts that you are a signer on

## PREVIOUS ADDRESS

Mailing Address: _____
Street City State Zip Code

Street Address*: _____
Street City State Zip Code

*Must be completed if different from mailing address

Home Phone: ( )_____Work Phone: ( )_____

Additional Phone: ( )_____

## NEW ADDRESS

Mailing Address: _____
Street City State Zip Code

Street Address*: _____
Street City State Zip Code

*Must be completed if different from mailing address

Home Phone: ( )_____Work Phone: ( )_____

Additional Phone: ( )_____

****Signature Is Required For Address Changes****

Signature: _____ Date: _____



**P.O. Box 6104**
**Santa Rosa, CA 95406-0104**
**(707) 545-4000 ▲ 1 (800) 479-7928**
**www.redwoodcu.org**